

555 WRIGHT WAY
CARSON CITY, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Out of State (877) 368-7828
www.dmvnv.com

POWER OF ATTORNEY

Please print or type KNOW ALL MEN BY THESE PRESENTS That the undersigned, _____ in the County of _____ State of ____ being the Registered and/or Legal Owner of the following described motor vehicle: Year _____ Make ____ Model ____ Vehicle Identification Number Does hereby make, constitute and appoint _____ _____ State of _____ of the County of true and lawful Attorney in Fact to sign in the name, place and stead of the undersigned, any Certificate of Title or Vehicle Registration Certificate issued by the Department of Motor Vehicles of the State, covering the motor vehicle described above, in whatever manner necessary to transfer any Registration Certificate or Certificate of Title. Granting and giving unto said Attorney in Fact, full authority and power to do and perform any and all other acts authorized hereby, as fully to all intents and purposes as the grantor might, or could do if personally present, with full power of substitution. **Note:** This form **may not** be used to disclose the odometer reading of a vehicle. Full Legal Name _____ Address _____ Citv State Zip Code Signature of Applicant _____ Date ____ Subscribed and sworn to before me this day of 20

Notary Public or Authorized Nevada DMV Representative